

Letters to the Editor

Cochrane Physical and Rehabilitation Medicine: A New Field to Bridge Between Best Evidence and the Specific Needs of Our Field of Competence

We wish to announce to the readers of *PTJ*, as well as all those of the other journals relevant to physical and rehabilitation medicine (PRM), the launch of Cochrane PRM, which will have its Official Exploratory Meeting in Brescia, Italy, September 19–20, 2016. The purpose of this meeting will be to complete the business plan currently under development and submit it for approval to Cochrane by October 2016.

Cochrane is recognized as a leader of evidence-based medicine in all fields of medicine. Cochrane exists to improve health care decisions, and during the past 20 years, has helped to transform the health sector. In fact, Cochrane gathers and summarizes the best evidence from research to help people make informed choices about treatment.

Cochrane is organized in groups, which include:

- Cochrane Review Groups (CRGs): supporting Cochrane's primary organizational function (ie, the preparation and maintenance of systematic reviews). There are 53 CRGs, based in research institutions worldwide, each focused on a specific topic of health research, and 4 CRGs have more than 20 reviews of PRM interest (Back and Neck; Bone, Joint, and Muscle Trauma; Musculoskeletal; Stroke); there are 28 other CRGs that have at least one review of PRM interest.^{1,2}
- Cochrane Methods Groups (CMGs): providing policy advice and space for discussion on the development and implementation of methods used in the preparation of Cochrane Reviews. Out of 17 CMGs, at least 4 are of significant interest for PRM (Comparing Multiple Interventions, Individual Participant Data Meta-Analysis, Nonrandomized Studies for Interventions, Patient Reported Outcomes);

- Cochrane Centers (CCs): acting as a regional focus for Cochrane activities within a defined geographical or linguistic area. There are 15 CCs.
- Cochrane Fields and Networks (CFNs): focusing on dimensions of health care other than a condition or topic, including the setting of care, the type of consumer, and the type of provider.

In the Cochrane organization, PRM can serve as a bridge between the stakeholders and Cochrane. By definition, a bridge is bidirectional and, on one side, evidence and methods developed by Cochrane will be delivered to the field of PRM, and, on the other side, the priorities, needs, and specifics of PRM will be conveyed to Cochrane. It will be possible to attract new researchers (mainly epidemiologists) to our field by identifying and proposing to Cochrane the priorities for systematic reviews of PRM interest. It also will be possible to contribute to the improvement of methods to gather good evidence in PRM that could be important to the needs of our field.

This effort has both a scientific side and a professional side. In fact, it was started and promoted by the Evidence-Based Committee of the European Society of Physical and Rehabilitation Medicine (ESPRM), but has the support not only of the International Society of Physical and Rehabilitation Medicine (ISPRM) but also of the European Union of Medical Specialists (UEMS), PRM Section, and Board.

Cochrane PRM aims to involve PRM journals in a collaborative effort to spread Cochrane evidence. Some journals already have Cochrane Corners,^{2,3} but now we would like to coordinate and promote these efforts. We propose that every year all journals that would adhere to the initiative could publish one paper on a specific area of PRM, avoiding overlaps; then, changing the topics every year, it will be possible in some years for all journals to cover all PRM fields in a specific period of time. It also will be possible to have specific coverage for specific PRM professionals, and so on. In this respect, an alliance among PRM journals is envisaged, beyond that

already developed around methodology of publishing.^{4,5}

Cochrane PRM already involves 96 PRM professionals from 32 countries in all continents that have accepted to be involved. Cochrane PRM is and will be inclusive and multiprofessional, involving all professionals dealing with PRM. We aim at making evident the different perspectives while keeping the unity of team work that is typical of an optimal PRM approach. Cochrane PRM will consequently be organized as a network,⁶ with committees/units in different universities and/or PRM institutions around the world. We invite all interested professionals dealing with PRM to contact the promoters and participate in this new organization that will serve the further development of our specialty.

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